

SERFF Tracking Number: MHPL-126495973 State: Arkansas  
Filing Company: Mercy Health Plans State Tracking Number: 44826  
Company Tracking Number: MHPL-126495973  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)  
Product Name: Arkansas Individual - New Block of Business - Amendment  
Project Name/Number: Arkansas Individual - New Block of Business - Amendment/

## Filing at a Glance

Company: Mercy Health Plans

Product Name: Arkansas Individual - New Block of Business - Amendment  
SERFF Tr Num: MHPL-126495973 State: Arkansas

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved-Closed State Tr Num: 44826

Sub-TOI: H16I.005A Individual - Preferred Provider (PPO) Co Tr Num: MHPL-126495973 State Status: Approved-Closed

Filing Type: Form/Rate

Reviewers: Rosalind Minor  
Disposition Date: 02/12/2010  
Authors: Karen Hosack, Wanda Thurman

Date Submitted: 02/11/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 04/01/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: Arkansas Individual - New Block of Business - Amendment

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/12/2010

Explanation for Other Group Market Type:

State Status Changed: 02/12/2010

Deemer Date:

Created By: Wanda Thurman

Submitted By: Wanda Thurman

Corresponding Filing Tracking Number: MHPL-126495973

Filing Description:

February 11, 2010

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Ms. Rosalind Minor  
Senior Certified Rate and Form Analyst  
Arkansas Insurance Department  
Life and Health Division  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: 1. Amendment for Individual Comprehensive Health Insurance Policy:  
AR INDIV AMEND 1-10  
2. Documents relating to rate filing:  
a. Age & Area Factors: MHP ARK Ind 2010 Age – Area Factors Exh 2 REVISED 020910  
b. Non Tobacco and Tobacco Rates: MHP Ark Ind 2010 Rate Tables Exh 5 020910

NAIC: 11529

Dear Rosalind:

I am submitting the above documents for your review and approval along with the required Policy Form Compliance Certification and a filing fee of \$50. (Check to be sent to your attention - overnight delivery via UPS.)

The Amendment for the Individual Comprehensive Health Insurance Policy is new and is intended to amend the Policy and the Schedule of Benefits recently approved. Language added to the Policy is to ensure we are in compliance with 23-79-106 (a).

This Amendment will be attached to AR INDIV COC/LT-2010 and AR INDIV SCH/LT\_2010.

The above referenced documents for rates are being submitted to amend the rate filing previously submitted as we did not distinguish between the rates for Tobacco and Non-Tobacco members.

You may contact me at 314-214-8132, or by email at wanda.thurman@mercy.net

Thank you for your time and consideration of this filing.

Wanda Thurman  
Compliance Analyst

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## Company and Contact

### Filing Contact Information

Wanda Thurman, Compliance Analyst Wanda.Thurman@mercy.net  
14528 South Outer Forty Rd. 314-214-8132 [Phone]  
Suite 300 314-214-8103 [FAX]  
Chesterfield, MO 63017

### Filing Company Information

Mercy Health Plans CoCode: 11529 State of Domicile: Missouri  
14528 South Outer Forty Rd. Group Code: Company Type: LAH/PPO  
Suite 300 Group Name: State ID Number:  
Chesterfield, MO 63017 FEIN Number: 48-1262342  
(314) 214-8100 ext. [Phone]  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000213077	\$50.00	02/11/2010

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/12/2010	02/12/2010

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## Disposition

Disposition Date: 02/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Mercy Health Plans	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Amendment - Individual Comprehensive Health Insurance Policy	Approved-Closed	Yes
Rate	MHP Ark Ind 2010 Age - Area Factors Exh 2 REVISED 020910	Approved-Closed	No
Rate	MHP Ark Ind 2010 Rate Tables Exh 5 020910	Approved-Closed	No

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/12/2010	AR INDIV AMEND 1- 10	Policy/Cont Amendment - ract/Fratern Individual al Comprehensive Certificate: Health Insurance Amendmen Policy t, Insert Page, Endorseme nt or Rider	Initial			AR INDIVIDUAL AMENDMEN T FOR NEW BLOCK OF BUSINESS (2010).pdf

# Mercy Health Plans

## AMENDMENT

This Amendment applies to the following  
Individual Comprehensive Health Insurance Policy:  
AR INDIV COC/LT-2010 and AR INDIV SCH/LT\_2010

This document amends the Individual Comprehensive Health Insurance Policy and Schedule of Coverage and Benefits listed above (collectively the "Policy"). It is to be attached to and becomes part of the Policy. Except as modified or superceded by the coverage provided under this Amendment, all other terms, conditions, exclusions in the Policy remain unchanged and in full force and effect.

Unless defined differently in this Amendment, all other capitalized terms shall have the meanings given them in the Policy.

- I. **CERTIFICATE OF COVERAGE, Cover Page, NOTICE**, is amended by inserting the following at the end of this section entitled NOTICE:

Please read the copy of the Application attached to this Policy. Carefully check the Application and write to Mercy Health Plans, First Security Center, 521 President Clinton Avenue, Suite 700, Little Rock, Arkansas 72201 within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the Application. The Application is part of the Policy which was issued on the basis that answers to all questions and the information shown on the Application are correct and complete.

- II. **SCHEDULE OF BENEFITS, #27. Preventive Health Screenings – Routine Only, PSA Service only**, is revised to read as follows:

<b>MEDICAL SERVICES</b> (As outlined in Your Policy)	<b>MEMBER RESPONSIBILITY</b>	
	<b>NETWORK</b>	<b>NON-NETWORK</b>
27. <i>Preventive Health Screenings – Routine Only</i>	<i>PSA Test: [0% – 50%] Coinsurance, No Deductible [No Copayment]</i>	<i>PSA Test: [0% – 50%] Coinsurance, No Deductible [No Copayment]</i>



Charles S. Gilham, Secretary  
Mercy Health Plans



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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Mercy Health Plans	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<i>SERFF Tracking Number:</i>	<i>MHPL-126495973</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mercy Health Plans</i>	<i>State Tracking Number:</i>	<i>44826</i>
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	02/12/2010

**Comments:**

The below 2 documents are:

1. Certification for Rule 19
2. Certification of Bulletin 9-85

**Attachments:**

Certification - Reg 19 and 42.PDF  
 Certification 9-85.PDF

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	02/12/2010

**Bypass Reason:** N/A

**Comments:**

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	02/12/2010

**Bypass Reason:** No actuarial justification needed as we are attaching additional exhibits for rates previously approved - please reference MHPL-126-444604 approved on 2/1/10

**Comments:**

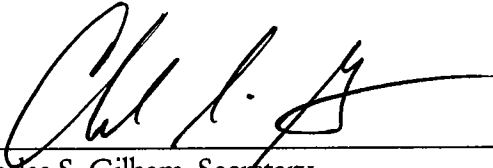
	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	02/12/2010

**Bypass Reason:** N/A

**Comments:**

CERTIFICATION

I, Charles S. Gilham, am a duly authorized officer of Mercy Health Plans and do hereby certify that, per Rule and Regulation 19 and 42, Section 5 (b), there will be no unfair discrimination with respect to the medical/lifestyle application questions and underwriting standards.



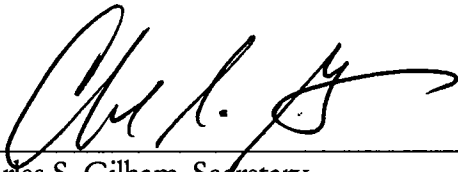
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Charles S. Gilham, Secretary  
Mercy Health Plans  
14528 S. Outer 40, Suite 100  
Chesterfield, MO 63017  
[cgilham@mhp.mercy.net](mailto:cgilham@mhp.mercy.net)  
(314) 628-3696

2-10-10

\_\_\_\_\_  
Date

CERTIFICATION

I, Charles S. Gilham, a duly authorized officer of Mercy Health Plans with the title of Secretary, do hereby certify that all benefits payable to a Network and Non-Network Provider comply with the requirements outlined in Arkansas Bulletin 9-85 and that the difference between network and non-network deductibles, copays and coinsurances will not exceed 25%.



Charles S. Gilham, Secretary  
Mercy Health Plans  
14528 S. Outer 40, Suite 100  
Chesterfield, MO 63017  
[cgilham@mhp.mercy.net](mailto:cgilham@mhp.mercy.net)  
(314) 628-3696

2-10-10

Date